

Guarding Against Influenza and Common Colds

Issued by the State Department of Health of Maine

Characteristics.

Influenza or grip are two names for an infectious disease that has long been with us. It is characterized by periods of comparative quiescence, usually of long duration, during which there are only scattered cases and smaller outbreaks, followed after the lapse of years by very serious epidemics of increased malignancy and of wide distribution.

The time which passes after a person takes the infection into his system to the onset of the disease is so short, usually only twenty-four to forty-eight hours, that a whole family may be down with the disease at nearly the same time with no well ones to care for the sick.

How Spread.

While we have not yet settled the question as to the specific germ that may be the real cause of influenza, as we have not for that of scarlet fever or measles, we do know that influenza is communicated from the sick to other persons just as these two other diseases are spread—by direct or indirect contact, and that the closer the contact the greater the danger of infection.

The infection of influenza is given off from the mouth and nose of persons who have the disease, or who have recently had it, and is taken in through the mouth or nose of other persons who take the disease. Some of the ways in which infection is passed on from sick or infectious persons to others are these:

1. By infected eating and drinking utensils—anything which has been to the mouth of infectious persons, or has otherwise been infected and then goes to the mouth of other persons before it has been scalded, or sterilized in some other way.

2. By the droplets sprayed into the air by infected persons when coughing, sneezing or talking loudly. The dan-

ger of droplet infection is limited to an area of only a few feet around the sick person.

3. Finger-borne infection. The fingers of attendants or visitors, soiled by coming in contact with the secretions from the mouth or nose of the sick one, or with anything else that has thus been soiled, may carry the infection to the mouth or nose of the owner of the fingers or to other persons by food or eating implements handled by the infected hands.

4. Towels, handkerchiefs and other things used in common may spread the infection, and perhaps a lesser danger exists for a short time in the direction of the clothing, bedding, or furniture and rooms used by persons sick with influenza.

The Symptoms.

The onset of the disease is usually, but not always, abrupt. In most cases there is a feeling of chilliness followed by fever with pains in the head and back and limbs, or "aching all over" as some sick ones say. The patient looks sick and there may be running from the nose or a cough. The temperature rises to 101° or 103° F. or more. But the symptoms vary so much in different outbreaks, or in the same outbreak in different cases that several types of the disease are recognized, among them the catarrhal respiratory type, the most common, the gastro-intestinal type characterized by vomiting and diarrhea, the nervous type, and very often the symptoms are mild resembling those of a common cold or slight fever.

But the greatest danger from influenza is pneumonia or other secondary infections that so often follow as complications and sometimes carry the case death-rate up to a frightful figure.

Aside from well-marked cases of influenza, the infection may be carried and distributed by persons who have very mild symptoms, those of merely a slight cold. In epidemic times particularly, such persons should have a care against transmitting infection.

A Notifiable Disease.

Under the present rules and regulations of the State Department of Health, cases of influenza or grip must be reported to local boards of health by physicians and householders.

Restrictive Measures.

Fortunately those precautionary measures which local boards of health are empowered to carry out are best for all concerned, the patient included. Local health officers may advise and enforce such degrees of isolation of infectious persons as may be deemed best under the conditions found in each case.

Persons who have the disease should be isolated, but the wage-earners in the same family, remaining well and showing no symptoms indicating the probable onset of influenza, and staying away from the sick-room, may be permitted to attend to their work.

Personal Safeguards.

The following rules should be borne in mind:

1. When grip is prevalent stay at home as much as possible, particularly cut out unnecessary visits to public places and unnecessary travel. Walk when you can do so instead of taking the street car. The exercise and the breathing of the open air will tone up the system. Increase the power of resistance of your body, by regular and rational habits of living as regards work, sleep, play and food. Do not visit persons who show symptoms of grip or a cold, if you can well avoid doing so, and do not give a cordial reception to persons showing such symptoms who unnecessarily obtrude their presence upon you.

2. Eating and drinking utensils that have not been scalded after they have been used by others are a great danger. In addition to the ordinary washing, boiling water should be poured over forks, spoons and cups as a routine precaution particularly when influenza or other infectious diseases are around. Shun the soda counter where the glasses are not carefully cleansed and sterilized after each use of them. Avoid uncleanly restaurants.

3. Beware of finger-borne infection. Keep hands away from mouth and nose. Wash your hands carefully before eating and avoid things that have been handled by the infected fingers of other persons.

Guarding the Sick.

With the oncoming of the symptoms of influenza the sick person should go to bed promptly and call his physician without delay. The great danger is from broncho-pneumonia and other serious complications which may largely be avoided by absolute rest in bed and by following the other bits of advice given under this subhead.

A leading Chicago physician writes: "Over and over again this was the story: the patient had an ordinary attack of influenza, during which he did not stay in bed continuously. He felt a little better, got

up, and was taken sick again, this time with severe symptoms, and broncho-pneumonia soon developed. On the other hand, patients who from the beginning of their sickness were kept in bed continuously and who stayed in bed until they had been perfectly well two or three days, seemed to be quite immune from this complication."

A Boston physician's experience was: "The disease was aggravated, prolonged or caused to relapse by too early leaving of bed."

Extremely important it is, to guard the patient against chilling. Instead of a resort to the toilet room, bed-pan and urinal should be in use. A carefully managed task it should be to keep profusely perspiring patients free from wet clothing: The nurse on removing the wet garments should rub him dry with a warm, dry towel, and apply warm dry clothing, all being done under the protection of the bed covering. Wet garments very rapidly chill the sick one.

Meanwhile safety also lies in the direction of as abundant a supply of fresh air as may be had with the avoidance of direct drafts and the chilling of the sick one, particularly when the skin is moist.

A fluid diet exclusively should be the rule during the course of the fever and an abundance of drink should be given—water or water with lemon, grape, or other fruit juices.

Visitors should be excluded from the room for their own safety and that of the patient.

The secretions from the nose and throat should be received on pieces of paper, paper napkins or pieces of cotton cloth and burned promptly. Save as carefully as possible, clothing and other things about the patient from being soiled. There is danger not only from the fresh sputum and nasal discharges, but contaminated articles, soon after drying whisk infectious dust into the room when shaken or moved too vigorously.

Instruct the patient to hold a handkerchief, paper napkin, or piece of gauze before his face while coughing.

Aside from the danger of aerial transmission for only a few feet from the sick one, and in the infectious room, the infection may easily be transmitted by the fingers. Careful and prolonged washing of the hands should be done every time the attendant has contaminated his hands by contact with the infectious secretions from the patient or the things used by him.

If the person who cares for the sick must also attend to the wants of other members of the family, it is well for her to wear in the sick-room a wrapper or gown which she can slip off as she leaves the room.

But still more important it is for her to carefully wash her hands with soap and water before she touches anything to be used by others, the hands not to be wiped on a towel in the sick-room. Always keep in mind "hand-borne infection."

Disinfection.

As the infection of influenza is short-lived, no disinfection, particularly no fumigation, is required; but thorough cleansing, airing and sunning are desirable. Boiling only very briefly disinfects handkerchiefs and any other articles that can thus be treated.

Common Colds.

When one member of a family shows the first symptoms of a cold prompt and intelligent care should be taken to prevent the transmission of the infection to other members of the family. A common cold may be the precursor of bronchitis, pneumonia, or other acute respiratory disease, for a cold tends to lower that degree of resistance that one may have against these more serious diseases, the germs of which are present in the mouths, throats, nasal passages of many persons in health. They are lying in wait for the evil preparatory work which may be done by an attack of a cold or mild influenza.

The precautionary measures against the spread of the infection of a common cold or of these other acute diseases of the air passages are just those given in this circular for influenza.